## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: $\underline{2} \cdot 2b \cdot 0\%$			<u>28</u> W SWA	
Case #: <u>35F</u> 27435			APT 2 VINCENNES	
County: <u>KN</u> OX			<u>VIN</u> CEANES	12)
Type of Laboratory Seizure (chec	ck one) <u>Seizure</u>	Location (c	heck all that apply)	
Operational Lab Chemical/Glassware/Equipment Dumpsite (only)	=	dence milding icle	☐ Hotel/Motel☐ Open No S☐ Other:	tructure
Items Found: Location (bedroom, (check all that apply) Lithium/Ammonia Reaction(s)				
Red Phosphorous/Iodine React:  Flammable Solvents:				
Water Reactive Metal (Lithium				
Anhydrous Ammonia:	.,. <u></u> , -			
Hydrochloric Acid Gas Genera	tor(s):			
Corrosive Acid: KIT				
Corrosive Base:				
Other (item and location):	_			
Child under age 18 discovered (classification of the Child Protective Services of the Child Protect	vices .	Ephedrine Retail/Me Other:		Tracking Log
This report is to be faxed to the f				
Fire Department: VINCAMA P  Health Department: VINCAMA Co		Fax: 618 3	183 5000 883 5000	
Child Protection Service:		Fax:		
For further information regarding to Investigating Officer: RYAN JOH  ** This form is to be faxed to the Fire I listed within 24 hours of scene proces  *** This form is to be included with the	NSCA Phone <u>&amp; C.</u> Department, Health Departmessing.	・ をして   夕o nent and/or Chi	ા લ nd Protective Services	